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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <i>Continental Oil Co</i>	
Address <i>P O Box 460 Hobbs, NM 88240</i>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Pearl B</i>	Well No. <i>6</i>	Pool Name, including Formation <i>Maljamar G-SA</i>	Kind of Lease <i>LC 058697 (B)</i>	Lease No.
Location				
Unit Letter <i>0</i>	<i>1980</i>	Feet From The <i>East</i>	Line and <i>660</i>	Feet From The <i>South</i>
Line of Section <i>25</i>	Township <i>17-S</i>	Range <i>32 E</i>	NMPM, <i>Lea</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>Navajo Crude Oil Purchasing, 14th Freeman Ave.,</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>Continental Oil Co, Maljamar Plant #60 Box 2197 Houston, TX</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>N 25</i>	Sec. <i>17</i>	Twp. <i>32</i>	Rge. <i>E</i>	Is gas actually connected? <i>yes</i>	When <i>9-30-77</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>8-21-77</i>	Date Compl. Ready to Prod. <i>9-30-77</i>		Total Depth <i>4453</i>		P.B.T.D. <i>4420</i>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>Maljamar G-SA</i>		Top Oil/Gas Pay <i>4380</i>		Tubing Depth <i>4427</i>			
Perforations <i>4381, 82, 84, 86</i>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4</i>	<i>8 5/8</i>	<i>1171</i>	<i>586</i>
<i>7 5/8</i>	<i>5 1/2</i>	<i>4450</i>	<i>1675</i>
	<i>2 7/8</i>	<i>4427</i>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>10-1-77</i>	Date of Test <i>10-9-77</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>25</i>	Casing Pressure <i>25</i>	Choke Size
Actual Prod. During Test	Oil-Bbls. <i>22</i>	Water-Bbls. <i>40</i>	Gas-MCF <i>35</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bon A. Lee
(Signature)
Administrative Supervisor
(Title)
10-18-77
(Date)

MACC(5), USGS(2), File

OIL CONSERVATION COMMISSION

APPROVED *OCT 20 1977*, 19____
BY *John W. Runyan*
TITLE *Geologist*

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed

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INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS P.O. Box 460, Hobbs, New Mexico 88240LEASE NAME Pearl "B" #6 WELL NO. 6 FIELD LOCATION Section 25, T-17S, R-32E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
213	1/4	.9372	.9372
625	1/2	3.5844	4.5216
871	3/4	3.2226	7.7442
1171	1	5.2500	12.9942
1684	1/2	4.4631	17.4573
2174	3/4	6.4190	23.8763
2611	1	7.6475	31.5238
2891	1	4.9000	36.4238
3356	1	8.1375	44.5613
3854	1	8.7150	53.2763
4354	1	8.7500	62.0263
4450	1 1/2	2.5152	64.5415

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor
 TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of September, 19 77

SEAL

James F. Maysick
 Notary Public in and for the County
 of Lea, State of New Mexico

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U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D. C.